

WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Graham
District of Coconino
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 234
County Registrar No. _____
Local Registrar No. 46

2. Full name of child Goodman

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth 6 16 25
Month Day Year

8. FATHER
Full name Clarence D. Goodman

9. Residence (Usual place of abode) Coconino
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Ariz.
(State or country)

13. Occupation Labour
Nature of industry

14. MOTHER
Full maiden name Justy Berryhill

15. Residence (Usual place of abode) Coconino
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) L.A. Cal.
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn — 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 A. m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature J. N. Stratton (Physician or midwife)
Address _____

Given name added from a supplemental report _____ Filed 7/6, 1925 J. N. Stratton Local Registrar.
Month, day, year

Registrar

Filed _____, 19____

County Registrar.

275-616-423